## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. TOTAL IND. TOTAL IND. \_1 TOTAL DEP. TOTAL DEP. TOTAL

SERIAL NO.

FILING DATE

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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